

CENTER FOR HEALTH STATISTICS MAIL-IN REQUEST FORM

SEARCH

A search only includes confirmation that a record was found or notification that no record was located. If you want a certified copy of a record, you will need to submit a new request and the \$20.00 fee.

Requestor's Name _____

Mailing Address _____

City _____ State _____ Zip _____

Daytime Phone (____) _____ Email Address _____

Birth Search – EXACT INFORMATION REQUIRED

_____ Birth Search x \$8.00

Name on Record (*first middle & last*) _____

Exact Date of Birth _____ City or County of Birth _____

Father's (*first middle & last*) Name (or "not named") _____

Mother's (*first middle & **MAIDEN LAST***) Name _____

Death Search

_____ Death Search x \$8.00

Name on Record _____

Approximate Date of Death _____ Date of Birth (if known) _____

City or County of Death _____ Spouse (if known) _____

Marriage & Divorce Search

_____ Marriage Search x \$8.00

_____ Divorce Search x \$8.00

Husband's Name _____

Wife's Maiden Name _____

Approximate Date of Marriage _____ Licensing County _____

Approximate Date of Divorce _____ Filing County _____

Acceptable forms of
payment:

Check or MO

Payable to **DOH**

Mail to:



PO Box 9709

Olympia WA 98507-9709
(360) 236-4300